•	PATENT	APPLICATION Effec	ON FEE D tive Octob	ETERIA per 1, 20	HAIH 103	IOK RECO	CRI	C.	09 4	177	145))	
•		CLAIMS A	S FILED -			ımn 21		SMALL E	YTITY	OR		R THAN ENTITY	
T	OTAL CLÁIMS		1. 1.11					FATE	FÉE	٦.	PATE	FEE	╡.
FC	OB.		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FE	770.00	1
	TAL CHARGE	ABLE CLAIMS	minus 20=		•			X\$ 9=		OR	X\$18=		1
	DEPENDENT C		minus 3 =		•			X43=	1	OR	Vac		1.
MULTIPLE DEPENDENT CLAIM P			RESENT		. 0			+145=		OR	+290=·		1
• 11	the difference	in column 1 is	less than z	ero, enter	-0- in c	cotumn 2		TOTAL	 	OR	TOTAL		1
••		LAIMS AS A	•						<u> </u>	J O	OTHER		1
1.	4776	(Column 1)	(Column 2) (Column			(Column 3)	,	SMALL	ENTITY	OR	SMALL		1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z Z	Total	• 7	Minus	- 2		= 1		X\$ 9a	· · · · · · · · · · · · · · · · · · ·	OB	_X\$18=	: . <u> :</u>	}
۲ ۳ -	Independent	٠٠٠ خ	Minus			=	.	X43="		OR	X86=	11	}
<u>.</u>	FIRST PRESE	ULTIPLE DE	TIPLE DEPENDENT CLAIM			:	+145=		OR	÷290≐			
			•	121		04	, L	TOTAL ADDIT, FEE		ОЯ	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	1 r					4224	
Д Е		CLAIMS REMAINING AFTER AMENOMENT		NUME PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ŀ
AMENDMENT B	Total	. 8	Minus	· 2	20			X\$.9≓.		OR	X\$18=		
200	Independent	• (0	Minus	***	5	· /		X43≈.		OR	X86=	8	20
< —	FIRST PRESE	LTIPLE DEF	PENDENT CLAIM			'	+145=		OR	+290=	1 48 4	•	
							ι, L	TOTAL DOIT, FEE		OG I	TOTAL LOOIT, FEE	200	
	(Column 1): (Column 2) (Column 3)							WO16 4554		:			
	`	CLAIMS REMAINING		HIGHE NUMB PREVIO FAIDE	EST NER USLY	PRESENT	<u> </u> [ADDI-		- 1::	ADDI-	-
AMENDMENT C		AFTER AFTER AFTER				EXTRA		RATE	TIONAL FEE		RATE"	TIONAL FEE	
	Total	•	Minus	*		•	ŀſ	X\$ 9=		OR	X\$18=		ľ
Ú.	Independent	•	Minus	484		8		X43,		GR-	X86=		_
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							+145=			+290=	* ******	
•	If the entry in colu	mn 1 is less than th	entry in colu	mn 2. write	T'in cof	umn 3.	Ĺ	TOTAL		OR	TOTAL		
•	If the Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	M For IN THE	S SPACE IS	less ma	n 20. emer 20. n 3. emer 20.		DOTT. FEE L			DOTT. FEEL		

Application or Docket Number